

## Healthy Community Collaborative Quarterly Meeting Minutes

**Date:** April 25, 2024

**Location:** Virginia Mennonite Retirement Community, Village Hall

**Time:** 11:30am - 1:00pm

**Co-Leaders:** (1) Nate Riddle, Open Doors; (2) VACANT

**Secretary:** Mo Bowler, Harrisonburg-Rockingham Community Services Board

**Treasurer:** VACANT

**Community Engagement Specialist:** Jonny Morris, Harrisonburg-Rockingham Community Services Board

### **Additional Steering Committee Members Present:**

Laura Lee Wight, VA Department of Health, Central Shenandoah Health District  
[Stephanie Reedy] - Proxy for Nicky Fadley, Strength In Peers  
Emily Bender, Church World Service

### **Steering Committee Members Absent:**

Kristina Blyer, James Madison University  
Linda Plitt Donaldson, Institute for Innovation in Health and Human Services at JMU  
Joyce Nussbaum, Valley Program for Aging Services  
Kendra Nardone, Boys and Girls Club  
Erin Frazier, Collin Center

**# of HCC Coalition Members Present:** 13

**Total Attendance:** 19

### **Meeting Agenda**

1. (5 min) Welcome
2. (5 min) Speed Mingle Activity
3. (10 min) HCC Updates/Behind the Scenes
4. (65 min) Project Discussion + Share-Outs
5. (10 min) Sharing Intentions + Closing

## **Meeting Minutes**

1. **Welcome - Facilitated by Jonny**
  - a. Greeted and welcome group
  - b. Reviewed agenda items
2. **Speed Mingle Activity - Facilitated by Jonny**
  - a. Pair + Share prompt: "In another life I would love to..."
3. **HCC Updates/Behind the Scenes - Facilitated by Nate**
  - a. Welcomed/announced new Steering Committee Members: Erin Frazier, Kendra Nardone
  - b. Described "What we want" from a Steering Committee Member - Anyone! Named sectors we track, but affirmed that anyone nominate/by nominated to join
  - c. Announced Community Foundation as the HCC's new fiscal agent
  - d. Reviewed what happened in January's Quarterly Meeting/How the SCM has proceeded with this information
    - i. Top 3 Areas of Interest/Focus were determined by the coalition in January: 1) Stigma/Prejudice, 2) Barrier to access, 3) Health Literacy + Resource Navigation
    - ii. SCM met and determined viable projects within this categories:
      1. Organizing a community "March" related to a stigma area/specific topic
      2. Media arts campaign [stigma focused]
      3. Cultural humility/stigma training
      4. Health literacy/life skills workshops
      5. Increasing translation/interpretation services
      6. Community connection event
  - e. Gave directions for the "Project Discussion" activity
    - i. Break out into 6 groups (1 per project idea) and determined the following...
      1. What resource would be needed?
      2. Possible timeline?
      3. Intended or desired outcomes
      4. Relationship between this project and "health inequity"
4. **Project Discussion + Share-Outs - Facilitated by Jonny**
  - a. Spent ~40 minutes in small groups, processing questions above and recorded notes on post paper
  - b. Each group shared for 2-4 minutes
  - c. Individuals were given two "votes" to cast...
    1. 1 for the project they think is "Most Important"
    2. 1 for the project they think "HCC Should Start With"
    3. Also added a sticky note next to projects they would/could help with
  - d. **NOTE: Small group discussion notes/votes outlined on next page!**
5. **Sharing Intentions + Closing - Facilitated by Jonny**

- a. Steering Committee with review and synthesize information collected by each small group

**Meeting Adjourned: 1:03pm**

**Next Meeting Details:**

Date: July 25, 2024

Time: 11:30am - 1:00pm

Location: Lucy F. Simms Center

*Meeting Minutes prepared by Mo Bowler*

**Learn more at [healthycommunitycollab.org](https://healthycommunitycollab.org)**

**Contact us at [hcc@hrccb.org](mailto:hcc@hrccb.org)**



## **Small Group Discussion Notes**

1. **Organizing a community “March” related to a stigma area/specific topic**
  - a. What resource would be needed?
    - i. Location - Street w/ traffic control + support and an “ending point”
    - ii. A “cause” or topic - Maybe align colors of event with established color related to cause
    - iii. Outreach materials - Community partners
    - iv. Time/Date - good weather 😊
    - v. Money (for resources, marketing)
    - vi. Maybe stations/stopping points - this could allow groups/families to be more involved
      1. Have vendors be involved, make the event/walk interactive
      2. Include raffle, prizes or incentive for people to visit vendors
    - vii. AV supplies/speakers
  - b. Possible timeline?
    - i. Depends on weather, time of year, other community events
  - c. Intended or desired outcomes
    - i. Increased funding for participating partners
    - ii. Gathering donations to give back to stakeholders
    - iii. Increased community understanding/awareness of topic
  - d. Relationship between this project and “health inequity”

- i. Bridging gap between community members and the stigma
  - ii. Allows community members to be educated, informed, and equipped with resources
  - e. Votes for “Most Important”: 1
  - f. Votes for “HCC Should Start With”: 1
  - g. Who said they would/could help?:
    - i. BJ B.
2. **Media arts campaign [stigma focused]**
- a. What resource would be needed?
    - i. Individuals willing to tell their stories
    - ii. Artists/media connections - platforms, channels
      - 1. Ideas: In-person, social media, watch party, living library, new article, commercials, community festivals
    - iii. Communications plan
    - iv. Outcome goals
    - v. Financial resources, sponsors, partners
    - vi. Recruitment/volunteers
  - b. Possible timeline?
    - i. 6-12 months...
      - 1. Month 1: Determine goal
      - 2. Month 2: Communications plan
      - 3. Month 3: a) Financial planning, b) recruit individuals
      - 4. Month 4-7: Promote and implement
      - 5. Month 8: Communicate outcomes/Evaluate
  - c. Intended or desired outcomes
    - i. Education - Change in world view, lead to more community collabs
    - ii. Activism
    - iii. Evaluation - Kindness in community, relatability, willingness to care for one another
  - d. Relationship between this project and “health inequity”
    - i. Depending on content/prompts - yes
  - e. Votes for “Most Important”: 3
  - f. Votes for “HCC Should Start With”: 1
  - g. Who said they would/could help?:
    - i. Brooke G.
    - ii. Laura Lee W.
3. **Cultural humility/stigma training**
- a. What resource would be needed?
    - i. A specific focus or context
    - ii. Community experts - Paid facilitators who represent [stigmatized] group
    - iii. Target audience
    - iv. Venue/format
    - v. Curriculum - Narrow down the topic and have a focus
    - vi. Community engagement and advertising
    - vii. Implementation protocol and action steps

- viii. Incentives for participation
- ix. Interpreters
- x. Use of diverse communication medium - Photo voice, speakers, etc.
- b. Possible timeline?
  - i. Flexible based on community interest and engagement
  - ii. Base on feedback from who would want to engage/participate
  - iii. Multi-year format; We won't "fix" an issue with a 1-time training
- c. Intended or desired outcomes
  - i. Actionable, takeaways (not performative)
- d. Relationship between this project and "health inequity"
  - i. [no notes]
- e. Votes for "Most Important": 0
- f. Votes for "HCC Should Start With": 0
- g. Who said they would/could help?: [N/A]
- 4. **Health literacy/life skills workshops**
  - a. What resource would be needed?
    - i. Curriculum/topics - Ex: Shopping/Cooking with SNAP, WIC; Making appointments; Physical wellness; Diabetes Care; Stress management; Home care and cleaning; Caring for pets; Parenting
    - ii. Training location
    - iii. Leaders/facilitators
    - iv. Marketing and outreach
    - v. Partnerships
    - vi. Admin (scheduling, communications, registration)
    - vii. Funding (marketing, course supplies, translation print materials)
    - viii. Interpreters
    - ix. Transpiration
    - x. Evaluation plan/tools
  - b. Possible timeline?
    - i. Start with a "kick off event"/Plan a pilot version of program to start with
    - ii. Look for additional funding during pilot period
  - c. Intended or desired outcomes
    - i. Primary: Utility of content, increased confidence in [skill], increase in engagement in preventative care [this could depend on what topics are covered]
    - ii. Secondary: Increased provider connection and collaboration, reach into wider community
  - d. Relationship between this project and "health inequity"
    - i. Provides resources where there are not/fills gaps
    - ii. Closing generational or cultural knowledge gaps
    - iii. Decrease fear [of certain systems]
    - iv. Change in perception of who deserves/should access healthcare (everyone!!!)
    - v. Decrease nutrition stigma
  - e. Votes for "Most Important": 8
  - f. Votes for "HCC Should Start With": 6

- g. Who said they would/could help?:
  - i. Brooke G.
  - ii. Kate C.
  - iii. Matt T.
  - iv. Justin S.
  - v. [Blue Ridge Free Clinic - Susan A., possibly!]
  - vi. Emily B.
  - vii. Rebecca T.
  - viii. Becky G.
  - ix. Susan R.

**5. Increasing translation/interpretation services**

- a. What resource would be needed?
  - i. Networking, knowledge of what exists currently
    - 1. CIA Interpreters
    - 2. New Bridges
    - 3. Church World Service
    - 4. JMU Innovations
- b. Possible timeline?
  - i. Planning and connecting with other agencies
  - ii. Stakeholder mapping
  - iii. Develop guide
  - iv. Distribute/market the guide
- c. Intended or desired outcomes
  - i. Resource guide of existing interpretation/translations resources, services
- d. Relationship between this project and “health inequity”
  - i. [No notes]
- e. Votes for “Most Important”: 5
- f. Votes for “HCC Should Start With”: 4
- g. Who said they would/could help?:
  - i. Kate C.
  - ii. Laura Lee W.

**6. Community connection event**

- a. What resource would be needed?
  - i. Determine target audience
    - 1. Who in the community needs connection? - Older adults, Integration (partner with Generations Crossing)
    - 2. Possible mental health focus
  - ii. Location - Large open space (like JMU Festival Center)
  - iii. Speakers
  - iv. Food
  - v. Giveaways, resources, activities like health screenings
  - vi. Personnel to run event
  - vii. Sponsors (event would be free)
  - viii. Timing - Maybe a half-day, a Saturday
- b. Possible timeline?

- i. This fall? Next fall?
- c. Intended or desired outcomes
  - i. Connectedness
  - ii. Resource sharing
  - iii. Improved health - due to resource access
- d. Relationship between this project and "health inequity"
  - i. [No notes]
- e. Votes for "Most Important": 1
- f. Votes for "HCC Should Start With": 7
- g. Who said they would/could help?:
  - i. Caroline L.
  - ii. Rebecca T.
  - iii. BJ B.
  - iv. Laura Lee W.
  - v. Matt T.
  - vi. Ashley D.
  - vii. Brooke G.
  - viii. Becky G.